

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 12/06/2019
NAME OF PROVIDER OR SUPPLIER BETHANY CENTER FOR REHABILITATION ANI			STREET ADDRESS, CITY, STATE, ZIP CODE 421 OCALA DRIVE NASHVILLE, TN 37211		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 002	1200-8-6 No Deficiencies This Rule is not met as evidenced by: During the follow up survey conducted on 12/06/2019, all previously cited deficiencies were corrected.	N 002			

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 001	<p>1200-8-6 Initial Comments</p> <p>This Rule is not met as evidenced by: Stories: 2 Construction Type: NFPA, II (222) Plans available on site Constructed: 1983 Sprinklered: Yes Certified beds: 180 Census: 166</p> <p>A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 10/21/2019. During this Life Safety Survey, Bethany Center for Rehabilitation and Healing LLC was found not in substantial compliance with the requirements for participation in Medicare/Medicaid with Title 42 CFR Subpart 483.70(a), The Rules of Tennessee Department of Health Board for Licensing Health Care Facilities Chapter 1200-08-06 Standards For Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).</p> <p>* All penetrations requiring Fire Stop shall be repaired in accordance with a tested and approved Fire Stop System meeting the requirements of ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Firestops. The system used shall be recorded and documentation shall be maintained for the life of the installation. Fire Stop Systems should be on site and available for surveyors on the follow-up visit. Any Engineering Judgements requires state approval.</p>	N 001		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

JYS121

If continuation sheet 1 of 3

[Signature]

ADMINISTRATOR

11/07/19

Division of Health Care Facilities

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N 831	Continued From page 1	N 831	PLEASE SEE ATTACHMENT TITLED N 831	
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall environment. The findings include: 1. Observation on 10/21/2019 at 10 :47 AM, revealed the following fire barrier penetrations in the block 2 hour wall on the second floor between RM 201 and clean utility. (both sides) a. 3" sprinkler pipe (mixed firestop) b. 2 1/2 inch electrical conduits (mixed firestop) 2. Observation on 10/21/2019 at 10:52 AM, revealed the following fire barrier penetrations in the block 2 hour wall on the second floor by room 223. (both sides) a. 3 1/2 inch conduits (mixed firestop) b. 3" sprinkler pipe (mixed firestop) 3. Observation on 10/21/2019 at 11:06 AM, revealed the following fire barrier penetrations in the block 2 hour wall on the first floor between nurses station and room 123. (nurses station side) a. 2" insulated copper pipe (mixed firestop) b. 3" insulated copper pipe (mixed firestop) 4. Observation on 10/21/2019 at 11:08 AM,	N 831		

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N 831	<p>Continued From page 2</p> <p>revealed the following fire barrier penetrations in the block 2 hour wall on the first floor between nurses station and room 123. (RM 123 side)</p> <p>a. 3" sprinkler pipe (mixed firestop)</p> <p>b. 3" insulated copper pipe (mixed firestop)</p> <p>c. 2" copper pipe (mixed firestop)</p> <p>5. Observation on 10/21/2019 at 11:13 AM, revealed the following fire barrier penetrations in the block 2 hour wall on the first floor between room 101 and room 102. (RM 102 side)</p> <p>a. 4" electrical conduit (mixed firestop)</p> <p>6. Observation on 10/21/2019 at 11:13 AM, revealed the following fire barrier penetrations in the block 2 hour wall on the first floor between room 101 and room 102. (RM 101 side)</p> <p>a. 4 low voltage cable bundles (mixed firestop)</p> <p>b. 1 low voltage cable bundle (expanding foam)</p> <p>c. insulated pipe of unknown diameter (insulation diameter 6") not sealed properly</p> <p>d. 3" metal pipe mixed firestop</p> <p>NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>The director of Building/Support Services TN region was present for the findings which were later acknowledged by the administrator during the exit conference on 10/21/2019</p>	N 831		

N831

The nursing home will maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being are assured.

1. No resident was affected by the alleged deficient practice. Members of the maintenance staff removed the alleged mixed firestop intumescent sealant in the facility from the facilities fire barrier areas and replaced with a single intumescent sealant brand beginning on 10/31/19 and completed on 11/1/19.
2. All residents had the potential to be affected by the alleged deficient practice. On 10/21/19 the regional director of plant operations inspected the fire barriers to ensure that no other penetrations used mixed firestop. No other penetrations were found to use mixed firestop.
3. On 10/21/19 the regional director of plant operations educated the facility maintenance staff regarding the use of a single firestop intumescent sealant brand on fire barrier penetrations and fire barrier penetration repair per NFPA 101.8.3.5.1 (2012 Edition) guidelines.
4. The facility director of plant operations or designee will inspect all fire barrier penetrations monthly for three months to ensure that fire barrier penetrations use a single intumescent sealant brand. Inspection results will be reported to QAPI committee monthly for 3 months for review and recommendations. *(The Facility QAPI committee consists of the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Unit Managers, Staff Development Coordinator, Infection Preventionist, Rehab Director, MDS Case Manager, Activities Director, Registered Dietician, Dietary Manager, Environmental Services Director, Plant Operations Director, Social Services Director, Director of Concierge Services, and Business Office Manager.)*